	Effective October 1, 2000 09/94263/												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA (Column 1) (Column 2) TYPE OR SMALL ENTITE													
TOTAL CLAIMS			87				ı	RATE	FEE	7	RATE	FEE	l
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			<i>R</i> 7minus 20=		. 67			X\$ 9=	.	1	240.40	120	06
INDEPENDENT CLAIMS			-	//) minus 3 = *		. 1		X40=	1	OR	Váa	1000	
		IDENT CLAIM P	L <i>/U</i>		7-1			X4U=		OR	X80=	560.	00
<u> </u>								+135=	:	OR	+270=		
* If	the difference	"0" in c	column 2		TOTAL	-	OR	TOTAL	1476.	0			
	С		MENDED - PART II					CMAI	L ENTITY	ΩĐ	OTHER THAN OR SMALL ENTITY		
<u> </u>		(Column 1) CLAIMS		(Colur HIGH	EST	(Column 3)	lr	SWAL	ADDI-	7 ·	SMALL	ADDI-	İ
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	* .	Minus	**		=		X\$ 9=	l	OR	X\$18=		
	Independent	<u> </u>	Minus	***		<u> </u> =		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+135=		OR	+270=		
								TOTA			TOTAL		
		(Column 1)		(Colum	nn 2)	(Column 3)	A	DDIT. FE	E 	_	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 105		1	. 270-		
							L	+135= TOTA		OR	+270= TOTAL		
ADDI								DDIT. FE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)							İ
AMENDMENT C		REMAINING AFTER AMENDMENT	• •	NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		Í
	Independent	*	Minus	***		=	╽┟	X40=		1	X80=		
	FIRST PRESE	JLTIPLE DEF	TIPLE DEPENDENT C		CLAIM				OR				
* If the entry in column 4 is less than the entry in column 2 write "0" in column 2										OR	+270=		,
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number